

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit		4-A Month Day Hour FROM 03 27 7:30 A.M.	4-C Total Number of Hours P.M. 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other (Specify)		4-B Month Day Hour TO: 03 27 11:30 P.M.	6. Remarks STOMACH/COLO
		7. Employee's Signature <i>[Signature]</i>	8. Date (Month, Day, Year)
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT. ED		4-A Month Day Hour FROM 4 2 7:30 A.M.	4-C Total Number of Hours P.M. 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other (Specify)		4-B Month Day Hour TO: 4 2 11:30 P.M.	6. Remarks DOCTOR'S APPT. / DR'S RX JOB STRESS / HARD TIME OFF
		7. Employee's Signature <i>[Signature]</i>	8. Date (Month, Day, Year) 4/2/01
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT. ED		4-A Month Day Hour FROM 4 3 7:30 A.M.	4-C Total Number of Hours P.M. 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Compensatory Time <input type="checkbox"/> Other (Specify)		4-B Month Day Hour TO: 4 3 11:30 P.M.	6. Remarks See 4/21 REMARKS
		7. Employee's Signature <i>[Signature]</i>	8. Date (Month, Day, Year) 4/16/01
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

PLAINTIFF'S
EXHIBIT

51

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT ED	4-A Month Day Hour FROM: 4 4 7:30	4-B Month Day Hour TO: 4 4 11:30	4-C Total Number of Hours 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks See 4/2 REMARKS	
		7. Employee's Signature [Signature]	8. Date (Month, Day, Year) 4/2/01
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT ED	4-A Month Day Hour FROM: 4 5 7:30	4-B Month Day Hour TO: 4 5 11:30	4-C Total Number of Hours 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks See 4/2 Remarks	
		7. Employee's Signature [Signature]	8. Date (Month, Day, Year) 4/2/01
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

APPLICATION FOR LEAVE

71-111

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT ED	4-A Month Day Hour FROM: 4 6 7:30	4-B Month Day Hour TO: 4 6 11:30	4-C Total Number of Hours 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks See 4/2 Remarks	
		7. Employee's Signature [Signature]	8. Date (Month, Day, Year) 4/6/01
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

OFFICIAL ACTION ON APPLICATION

PLAINTIFF'S EXHIBIT

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NORTHERN MARIANAS COLLEGE

CONTINUING EDUCATION VOCATIONAL EDUCATION

EMPLOYEE TIME SHEET

1. NAME: JOHN ANGELLO

2. SS# 554-74 2046

3. PAY PER. ENDING: 4/21/01

4. PAY PERIOD RATES: (Mark a line through the dates the day period encompasses)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS	
Regular	8	8	8	6	8				4	4	4	4																					54
Annual Leave				2																													2
Sick Leave									4	4	4	4																					16
Compensation Time																																	
Holiday													8																				8
Administrative Leave																																	
Education Leave																																	
Leave Without Pay																																	
Total Hours - Voc Education	8	8	8	8	8				8	8	8	8	8																				85



EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

DATE: 4/21/01

DATE: _____

INSTRUCTIONS: Please complete Items

after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANIELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT ED		4-A Month Day Hour FROM: 4 9 7:30 A.M.	4-C Total Number of Hours 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		4-B Month Day Hour TO: 4 9 11:30 A.M.	6. Remarks See previous payroll.
		7. Employee's Signature John Anello	8. Date (Month, Day, Year) 2/20/07
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Supple. 990-2, & 2-9

APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANIELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT ED		4-A Month Day Hour FROM: 4 10 7:30 A.M.	4-C Total Number of Hours 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		4-B Month Day Hour TO: 4 10 11:30 A.M.	6. Remarks see previous payroll
		7. Employee's Signature John Anello	8. Date (Month, Day, Year) 2/20/07
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Supple. 990-2, & 2-9

APPLICATION FOR LEAVE

71-

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANIELLO JOHN		2. Employee I.D. Number	
3. Organizational Unit CONT ED		4-A Month Day Hour FROM: 4 11 7:30 A.M.	4-C Total Number of Hours 4
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		4-B Month Day Hour TO: 4 11 11:30 A.M.	6. Remarks see previous payroll
		7. Employee's Signature John Anello	8. Date (Month, Day, Year) 2/20/07
OFFICIAL ACTION ON APPLICATION			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.) Date (Month, Day, Year)	

NSN 7540-00-753-5067

PLAINTIFF'S
EXHIBIT

54

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number				
3. Organizational Unit CONT. ED		4-A FROM: Month Day Hour 4 12 2:20	4-B TO: Month Day Hour 4 12 11:30	4-C Total Number of Hours 9		
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks see previous payroll		7. Employee's Signature John Angello	8. Date (Month, Day, Year) 4/20/01	
OFFICIAL ACTION ON APPLICATION						
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.)		Date (Month, Day, Year)

NSN 7540-00-753-5067

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.


1. Name (Print or type - Last, First, M.I.) ANGELLO JOHN		2. Employee I.D. Number				
3. Organizational Unit CONT. ED		4-A FROM: Month Day Hour 4 19 9:00	4-B TO: Month Day Hour 4 19 11:00	4-C Total Number of Hours 2		
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)		6. Remarks FAMILY MATTER		7. Employee's Signature John Angello	8. Date (Month, Day, Year) 4/11/01	
OFFICIAL ACTION ON APPLICATION						
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)		Signature: (Annual leave approved may not exceed the amount available for use during the leave year.)		Date (Month, Day, Year)

NSN 7540-00-753-5067



NORTHERN MARIANAS COLLEGE
OFFICE OF CONTINUING EDUCATION

APRIL 10, 2001

TO: NMC HUMAN RESOURCES OFFICE
FROM: DIRECTOR OF APPRENTICESHIP-TRADES 
SUBJ: FOR MY FILE (J. ANGELLO): ON-THE-JOB INJURY

Please be advised that I suffered a recent on-the-job injury, which through doctor's orders has limited me to work half-days (April 2 to April 16). There is a follow-up advisory to come.

attachment: CHC RX

RECEIVED APR 11 2001



April 25, 2001

**HAND DELIVERED**

Mr. Joseph (Joey) A. Arriola, Esq.
Garapan Law Office
Saipan, MP 96950

Re: NMC Breach of Contract; NMC Non-Compliance of P.L. 9-53

Dear Mr. Arriola:

The accompanying documents are testimony to two matters that required your legal expertise and counsel.

1. Breach of Contract: Due to the actions of two NMC administrators (B. Moir & M. Actouka), I have suffered both personal and professional harm. Their actions have prevented me from doing my contracted job, and many students have suffered from the sabotaging of Vocational programs. Moir, Actouka and NMC are all liable for their adverse actions.
2. NMC has failed to implement the legislative mandate of P.L. 9-53 (to create a Vocational Institute at NMC), and I want to file a taxpayer's complaint against them. The failure of NMC to help support our at-risk young CNMI residents is causing great harm to both them and our islands, e.g., 1) high rate of suicide among our young, local males; 2) rampant robberies involving many young local males who are jobless and without skills; and 3) high rate of juvenile offenders. Our tourism industry, local businesses, and homes all suffer from these negative scenarios.

Thank you for your time and valued assistance in these matters.

Sincerely,

A handwritten signature in black ink that reads "Jack Angello".

Dr. Jack Angello
NMC Director of Apprenticeship/Vocational Programs
P.O. Box 501149
Saipan, MP 96950

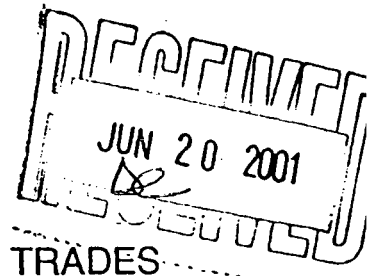


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NORTHERN MARIANAS COLLEGE

CONTINUING EDUCATION DIVISION

6/20/01



TO: NMC PRESIDENT

FROM: DIRECTOR OF VOCATIONAL TECHNICAL TRADES

SUBJ: NMC/PRA REPORT and (BOR) HR 4360 GRIEVANCE

As outlined by Board of Regent policy, I was supposed to have my 3/9/01 grievance administrated in a satisfactory and timely manner. As of the date of this memo, I haven't received any information or response concerning this matter.

Therefore, please advise me of your intentions in this matter.

A handwritten signature in cursive script, appearing to read "Jack Angello".

Dr. Jack Angello

attachment: NMC/PRA (3/9/01) Memo

cc: BOR Interim Chairman



Jack Angello

From: Kohne Ramon
Sent: Monday, July 02, 2001 10:24 AM
To: Jack Angello
Cc: President; Barbara Moir; Al Santos
Subject: Your June 20, 2001 Memorandum to the President

Dr. Angelo,

I was given the subject matter to handle in accordance with the Board policy. As you requested this grievance should be taken to the next step. The applicable policy statement is BOR HR 4360, Grievance, is as follows:

"C. Should the employee be dissatisfied with the resolution reached through consultation with his immediate supervisor, the employee may submit his /her grievance within five (5) working days in writing to the President. The President is to consult with the employee and other others concerned, in order to try to resolve the grievance. Such consultation may be by mail or in person."

At this point the President wanted to consult with all parties. As part of this consultation, I am recommending that since the employee you are grieving against is Dr. Barbara Moir, we will get a statement from her. She is currently on vacation and will return to work in two weeks. A copy of your grievance letter has been given to her Assistant. The President will expect her statement upon her return to work.

In the meantime, I am requesting the following information from you:

1. Dates, places and subjects of meetings or communications where PRA issues were discussed with Dean of Instructions Barbara Moir to attempt to resolve issues raised in your March 9, 2001 memorandum to the President, as well as decisions made during these meetings.
2. How those decisions referred to above results in harming your personal and professional life.
3. You claimed that the "beneficial program has been beaten to death through the use of destructive rumors, a lack of middle-management support, and the apparent mean-spirited acts of academic sabotage". Please explain by providing copies of communications or documentation to support this statement in your March 9, 2001 grievance memorandum to the President.

We appreciate receiving your response to the above questions by July 9, 2001. Following the receipt of this information, we will proceed to setting a meeting with the President to discuss remedies provided under the Grievance policy stated above.

Thank you for your cooperation and understanding. If you have any questions regarding the above items, please call me at extension 1015.

Kohne



→ FILE COPY

NORTHERN MARIANAS COLLEGE
CONTINUING EDUCATION DIVISION

7/9/01

RECEIVED JUL 11 2001
270
H. PRES. OK

TO: NMC HUMAN RESOURCES OFFICE
FROM: DIRECTOR OF VOCATIONAL TECHNICAL TRADES
SUBJ: YOUR JULY 2, '01 E-MAIL

EEO

Regarding your three-part request in your 7/2/01 e-mail, I'm submitting the following information with the clear understanding that we are in step "C" of BOR HR 4360. i.e., that the President has determined that a resolution with my immediate supervisor was not satisfactory and that I submitted my grievance within five (5) working days in writing to the President.

Item #1: "Dates, places and subjects of meetings or communications where PRA issues were discussed with Dean of Instructions Barbara Moir to attempt to resolve issues raised in your March 9, 2001 memorandum to the Presidents, as well as decisions made during these meetings."

Response: The dates of several e-mails, meetings, proposed meetings, etc., which Ms. Moir ignored and/or didn't respond to, are listed in that attached report of the 3/9/01 memo to the President.

Beginning in the summer of 2000 through early March, 2001, Ms. Moir made it a point to never contact me or consult with me concerning the Pacific Rim project, even though I was made the official NMC/PRA liaison by the Board of Regents, which has been acknowledged by our previous President, Vice President Jack Sablan, and the BOR legal counsel. Ms. Moir constantly made unilateral decisions,---e.g., not including properly submitted film & TV classes in the Fall '00, or in the Spring '01 class schedules, even after they were given BOR and presidential approvals,---and this was done without once contacting my office, or advising me of what, if any, problems that existed.

Item #2: "How those decisions referred to above results in harming your personal and professional life."

Response: After numerous media articles, demonstrations on-campus and off-campus, which previewed and showcased the



page two

upcoming NMC/PRA Film & TV Program, we had a documented 30-40 students on file at NMC and the CNMI Scholarship Office, waiting for the inclusion of the film/TV classes in the official NMC class schedule, which Ms. Moir oversees--but does not have dictatorial reign. Consequently, the intentional exclusion of these film/TV classes caused much consternation, disbelief, confusion, anger, and criticism directed towards Pacific Rim staff and myself. My professional status as a program administrator has suffered, and the action of my filing this grievance does not do my career any good here or elsewhere.

As for personal harm, I experienced nearly 18 months of long and arduous analyzing, planning, coordinating, and almost implementing a widely-approved and much-needed program for our failing CNMI socio-economic community, and my reward has been trying to explain what happened to many disappointed students and members of this small island community. In the process I have suffered situational depression, sleepless nights, stomach disorders, loss of work, fits of temper and moodiness that, unfortunately, my family has had to suffer through, etc. Therefore, I want my disgust and anger to be professionally directed into this grievance, and I want answers to why this matter has reached this point (see medical attachments).

Item #3: "You claimed that the "beneficial program has been beaten to death through the use of destructive rumors, a lack of middle-management support, and the apparent mean-spirited acts of academic sabotage."

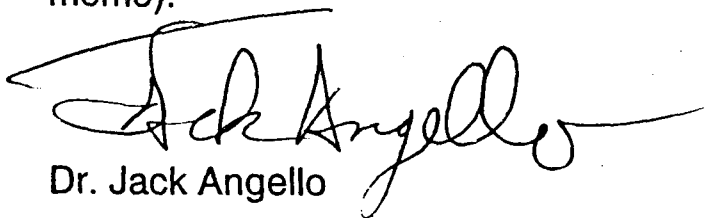
Response: My 3/9/01 memo to the President, with the attached Report to the Board and President, clearly details a trail of non-support and academic sabotage via the Dean of Instruction's (B. Moir) office. Furthermore, see the attached 2/28/01 memo to Dr. Stanbauer, which notes his "understanding" that the PRA company left the island. The information I gave him included PRA's most current work on island, and he later said that the front office told him that PRA left the island, which is a blatant falsehood. Moreover, please read Mr. Swett's comments about our Voc Ed program, which Dean Ed Camacho wanted me to follow up. Also, my monthly report for Jan/Feb '01, which was approved by my Dean, states the lack of support and negative actions taken against the PRA program.

Finally, the only time Ms. Moir visited the NMC/PRA facility in "V" Building is when she had all the PRA posters and signs

page three

improperly torn done without notification or permission from my Dean or myself.

In conclusion, I await the matching of facts and discarding of fiction to remedy this grievance. Furthermore, I still await my 3/9/01 filing of an EEO complaint against Ms. Moir (see attached 3/9/01 memo).

A handwritten signature in black ink, appearing to read "Jack Angello", with a long horizontal flourish extending to the right.

Dr. Jack Angello

attachments

cc: President
BOR Interim Chairman